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NURSING'S INTELLECTUAL CHALLENGE

The theme for the celebration of the sixty-second anniversary of the establishment of the Nursing Faculty of the University of Toronto, namely, "Theory, Research and Practice - The Essence of Nursing" conveys the assumption that there exists an inexorable bond linking the practices of professionals known as nurses with systematic inquiry and with theorizing.

There is surely no doubt, that at least a critical mass of leaders in nursing accept scientific inquiry as the most reliable means through which to advance knowledge and improve practices and thereby to insure the continuous development of nursing as a branch of knowledge and as a recognized and respected health profession. Certainly nursing's investment in research has increased quite dramatically over the past several years. And the number of nurses who are academically prepared for systematic inquiry has been remarkably augmented over the most recent quarter century, as have the volume and quality of research in the field.

There is ample evidence, too, that nursing leaders are greatly concerned with theory development. Indeed, within the past decade several books have been authored and edited by nurses who have set forth views about the process of theory development. Nursing's professional and scientific journals have also carried several analyses of the theory development process; additionally, those journals have published numerous descriptive and analytic articles dealing with the nature of theories that are alleged to be of use to nurses and to nursing investigators.

Several university nursing schools and nursing's professional societies have, in the past two decades, sponsored conferences and symposia on the subject of

theory development. Publication of the Proceedings of those conferences attests to the importance that professionals in the field attribute to that which has come to be known as nursing theory.

A sense of urgency seems now to prevail relative to the generation of theories which hold promise of guiding research through which to advance nursing knowledge. Whereas several nurses have tested theories generated by scholars in other disciplines within and through use of nursing settings and circumstances, it is recognized that knowledge discovered thereby will likely advance and clarify the particular basic discipline, rather than the discipline of nursing. Hence, there is a recognized need for theorizing within nursing's knowledge domain. That sense of urgency relative to the development of theories and the advancement and structure of nursing's knowledge system is particularly timely - for two reasons: (1) practitioners cannot fulfill their social mandate without having command of nursing's unique knowledge system and (2) nursing cannot and will not long be recognized as a profession without having an agreed-upon organized body of knowledge which is fundamental to and indeed drives its practices. Nursing is now deficient relative to fulfilling that requirement and at a period in time when the organization and transmission of knowledge hold promise for revolutionizing the world.

The period which now is at various stages of development throughout the world has been termed the micro millennium by the late Christopher Evans (1). Evans has pointed up the benefits that can accrue to all persons as a consequence of the development and use of microprocessors in the manufacture of miniature and increasingly inexpensive computers. The prediction is that the communication of information and organized knowledge will be extensive and almost universal and that it will dramatically alter all person s' lives - but Evans warned, "for those who are informed, opportunities will be prodigal while those who remain ignorant, resistant, or unwilling to learn will find the world an increasingly alien place" (2).

The central position of information and scientific knowledge in the changes to be experienced during the micro millennium by members of all occupational and professional groups must be recognized. And nursing must surely attend to advancing and organizing its body of scientific knowledge. But scientific knowledge is not the only kind of knowledge that is of crucial importance to



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professionals and of consequence to those individuals and collectives whom nurses serve. Nursing's scholars must be concerned with the gamut of knowledge which is fundamental to nursing practice - that which constitutes the discipline of nursing and which as well could be called nursing's knowledge system. Its identification, advancement and organization comprise one of nursing's primary intellectual challenges.

Nursing's Knowledge System

I have chosen to speak about nursing's knowledge system to refer to the organization of the scientific, historical, philosophic, and artistic bases for professionals' practices. In my view, identifying, discovering, and organizing (structuring) nursing's system of knowledge is the most important, indeed the most fundamental, and as yet unfulfilled responsibility of leaders in the field.

Scholars who study the development of occupations and professions are unanimous in their observation that service oriented professions have systematized bodies of knowledge that influentials in their respective fields can and do agree are fundamental to professionals' practices (3,4). It is only in the recent past, however, that nursing scholars have pointed out that, at least in concept, Nursing represents a branch of human learning that qualifies as an academic discipline. It encompasses, as set forth by at least some thoughtful writers, nursing science, nursing art, nursing history, and aspects of philosophy such as ethics and professional values (5). All are fundamental to and provide the knowledge bases which determine nursing practice. To date, however, there is no evidence that nursing scholars have identified and structured the profession's system of knowledge within nursing's unique perspective and then sought and obtained consensus about that which they have identified as the branch of knowledge that is nursing.

It is certainly a fact that particular faculties have agreed that content from relevant disciplines and particular nursing courses should comprise the first professional degree programs through which to prepare practitioners for entry into practice. But it is well known that remarkable differences can be demonstrated from nursing school to nursing school with regard to the subject matter students are required to master as representing the professional

knowledge which is basic to their practice. Similarly, although graduate programs at master and some at doctoral levels prepare clinical nursing specialists, there is, as yet, little agreement about and indeed some controversy about the nature of nursing specialties, about the body of scientific knowledge that identifies and defines each existing nursing specialty, and about the knowledge needed but not yet available, the discovery of which is being pursued by nursing investigators and graduate students affiliated with each of those specialties.

In that regard, it is important to note that nursing's philosophers, scientists, theorists, and knowledgeable, inquiring practitioners have only recently addressed their responsibility to organize the nursing knowledge already available and to identify that which is yet to be discovered through research that is guided by appropriate and promising hypothetical and theoretical constructs. It is encouraging also to know that some faculties offering programs leading to the research doctorate in nursing are addressing the need to identify the history of nursing knowledge and the conceptualizations of nursing and the philosophic orientations that have determined the profession's subject matter and its organization over time. Indeed there now seems to be considerable propensity for identifying the common, recurring themes in those conceptualizations which have defined and continue to define the essence of nursing. But how much consensus exists and who has responsibility for identifying the system of general and specialized knowledge that drives general and specialty nursing practices?

Beginning with Nightingale, who observed that nurses should be concerned with discovering nature's laws of health (6), numerous authors have stated that nurses are and should properly be concerned with promoting the general health of human beings. It follows, logically, that the intellectual armamentaria of professionals in the field should encompass knowledge that is fundamental to promoting the health of human beings - both as individuals and as collectives. It also follows logically that such scientific knowledge should be reflective of nursing's unique perspective and should provide the intellectual base for fulfilling nurses' unique practice responsibilities. However, unresolved issues relating to the nature, focus, and parameters of nursing practice have been responsible, at least in part, for confusion relative to the uniqueness of

nursing practice and thus, may have contributed substantially to delay in organizing nursing's knowledge system.

Issues Re: Nursing Practice

That nursing is not yet generally recognized as an autonomous profession having a unique social mission can hardly be disputed. Sociologists who concern themselves with identifying characteristics which distinguish professions in contrast to occupations generally agree that nursing falls into a strange category they designate as "semi-profession" "sub-profession" or "marginal profession" (7,8). Although other reasons contribute to that categorization, the primary reason for corporate nursing's failure to qualify as a profession is spokespersons' failure to identify the intellectual armamentaria which are fundamental to nursing practice.

Two of the issues relating to nursing practice and those that contribute substantially to nursing's ambiguous state are those concerning: (1) stability vs change in the nurse's role and (2) whether nursing is merely an applied science, borrowing knowledge exclusively from so-called "basic" disciplines, or a true discipline. There are undoubtedly other important issues surrounding nursing practice, but those will suffice to demonstrate how unresolved issues have delayed nursing's development as a discipline and as an autonomous health profession.

Stability vs Change

It is surely of concern to leaders in the field that nursing has not yet been institutionalized as a primary profession whose practitioners have a particular role to play in the nation's health care system. If nurses are and should be primarily concerned with promoting the general health of human beings, then it logically follows that the nurse's role should be institutionalized as a stable, enduring set of expectations which define the idealized role and determine that which professionals should know and do in fulfilling their social mission. The paradox is that nurses themselves convey conflicting messages concerning that which they conceive their role to be within the health care system.

First, the definitions of nursing which are set forth in several statutes which permit or mandate that nurses be licensed or registered prior to entering practice convey the notion that nurses' concern is with health problems or with human responses to health problems. The message clearly conveyed by such definitions is that nurses deal exclusively with people who are ill, injured, or suffering from physical and/or mental dysfunction when, in fact, nurses deal with persons in all states of health and having varied potentials for achieving, retaining, or being restored to optimal health. Further, inasmuch as the long institutionalized role of the physician is that of diagnosing and treating (curing, managing, preventing) human ills and pathologic states, it is not surprising that confusion surrounds that which registered nurses are authorized by public sanction to do and therefore, that which they must know.

The second conflicting message concerning nursing practice relates to some nurses' alleging that the role of the nurse is changing continuously. That message most recently was played out in allegations that the nurse's role has expanded. Justification for such an allegation was set forth in statements that nurses now (in contrast to formerly) engage in making health appraisals. The suggestion is that appraisal of the health status, assets, and potentials of human beings is not an integral part of all nursing whether persons served are essentially well; mildly, moderately or severely ill; suffering from episodic or chronic disabilities; newly born, developing, declining, or dying. We all know the facts. Health status appraisals must precede all nursing interventions that are based upon a reasonable data base, on sound judgment, and on the selective application of professional knowledge and skills. The nurse's social role, of course, is stable. It is the knowledge basic to practice which changes as a consequence of discoveries made through research. The means for accomplishing health appraisals and for achieving health goals also change as a consequence of the availability of new knowledge and new technologies.

The third conflicting message sent by some nurses is closely related to the allegation that the nurse's role is changing and expanding, to include nurses' making diagnoses and instituting treatments. There are some nurses who insist that nurses do and should make differential diagnoses of pathologic states and that they also prescribe therapies. Such "expanded" functions and change in the nurse's role are said to be authorized by regulations which permit nurse's functioning with the aid of protocols and under the supervision of physicians.

Nurses cannot have it both ways. If nurses are making differential diagnoses and instituting medical therapies with the aid of protocols and under supervision, then incumbents of such a role are not practicing as independent professionals, but rather, as dependent practitioners serving as physicians' assistants or as substitutes for physicians. They are not contributing to institutionalizing nursing as an independent, fully accountable, autonomous profession whose practitioners have need to master an identifiable body of professional knowledge, to commit themselves to accepted professional ethics and values, and to learn how to apply their expertise artfully in fulfilling an institutionalized, stable role.

All such efforts to negate the stability of the nurse's role also negate the idea that nursing is based upon a clearly identified, continuously expanding body of knowledge which is fundamental to practice at any moment in time.

The second major issue that has not yet been settled and which has contributed to delay in structuring nursing's body of knowledge derives from confusion about the meaning of the statement that nursing is an applied science.

Nursing: An Applied Science?

Practitioners of professions fulfill their respective responsibilities by selecting and applying knowledge in each unique practice setting and set of circumstances with which they are confronted. At issue is whether the science applied by professionals is exclusively that which has been discovered and verified by scholars in the basic disciplines or whether the science selected and applied is professional science which reflects the unique perspective of the profession in question. For example: Is knowledge of the immune system, used by clinicians engaged in medical practice, biological science or medical science? Is knowledge of the oxygen transport mechanism used by nursing clinicians biological science or nursing science?

There was a time in the development of each profession when its knowledge base was essentially basic science applied quite uncritically in practice. That was a period in each profession's evolution when each was essentially a technology. It was not long, however, before practitioners realized that scholars in the

fulfillment of moral and ethical responsibilities has consumed the interest of several nursing scholars and other scholars having interest in nursing over the past two decades. Indeed, treatises and texts on the subject of so-called nursing theory development have proliferated, with discussions and debates generated about whether nursing should strive for developing one or many theories of nursing; theories for nursing, scientific theories concerning particular phenomena of interest to nurses, nursing practice theories, and/or philosophic theories of particular concern to practitioners of nursing.

Considerable confusion now exists about the role of theory in the advancement of the gamut of knowledge that comprises the nursing discipline, that which I have called nursing's knowledge system. A position that theory has a role to play in the advancement of nursing knowledge obviously assumes an instrumentalist view, namely that theory provides a principle for symbolically representing and analyzing materials and observations and for making inferences about phenomena (9), the understanding of which is sought through systematic inquiry. It is important to note that considerable controversy exists among modern philosophers of science concerning the nature and role of scientific theories and the nature of science (10). Resolution of those controversies, a task now on-going, will be particularly timely for nursing inasmuch as the generation of theories of particular use in advancing nursing knowledge is primarily a responsibility of the future. It is, therefore, of interest to review positions taken by nursing scholars who have authored works about theoretical issues and those who have taken positions about theory and its significance and use in and for nursing.

One issue is whether there exists one or many nursing theories. Some persons espouse the view that just as there is no one medical or dental theory or theories, there can be no nursing theory. Similarly, nursing scholars who take a quite traditional view reject the notion that there can be a theory or theories of nursing. They point out that a theory of any discipline, such as sociology, medicine, or nursing would be meaningless for it could not be verified empirically. Farther, they note that a branch of knowledge or a practice profession is not a natural entity (11). Instead, they point up need for the development of theories about particular human phenomena, the testing of which holds promise of advancing scientific knowledge of use to nurses. A scientific theory, in their view is a set of logically related concepts and

propositions which, when supported by facts and observations serves to describe, explain, and make predictions about natural phenomena. An opposing point of view is expressed by Stevens, who, in the preface of her book entitled Nursing Theory, states, "The aim of this book is to make nursing theory relatively simple and understandable" (12). Stevens clarified her view of nursing theory by stating that all theses and constructs dealing with the nature of or conceptualizations of nursing would qualify as theories (13). Nursing, according to Stevens is a natural phenomenon; and theory, in her conceptualization, is that which characterizes such a phenomenon. Thus, Henderson, King, D. Johnson, Levine, Rogers, Roy and others who have set forth conceptualizations about the nature of nursing qualify as theorists, according to Stevens and some other nurses as well. Newman, for example, compares and contrasts the conceptual views about nursing as set forth by D. Johnson, Rogers, and Roy and points up how theories could be developed within such models (14). It is of interest that Newman designated her self and other nurses as theorists who have enunciated particular views about nursing, man, or health. She devoted a chapter of her book to a discussion designed to stimulate development of a theory of health which she identified as nursing's goal. She identified health as a phenomenon defined as "the expansion of consciousness" (15). Undoubtedly that represents her philosophic position. Is health a state? Is it a natural phenomenon? Is it a concept?

It should be noted that philosophers of science who espoused the so-called "Received View" artificially dichotomized concepts and theories. Modern philosophers of science are alleged to eschew that position. They point out that many concepts can be relatively philosophical, in contrast to empirical, and that traditional distinctions made between philosophic and empirical concepts are, in any case, recognized as being inadequate (16). Thus it is likely that henceforth concepts as well as formalized theories will guide scientific inquiry designed to advance nursing knowledge. Are scientific theories needed? Are scientific theories different from practice or prescriptive theories?

When philosophy was rejected as the primary source of knowledge, the method of science was endorsed as the most reliable means through which to gain understanding of particular natural phenomena, to describe them and to be able

to make predictions about them. It is of interest that it was philosophers who first introduced to nurses the concept of practice theory - that which is considered to be prescriptive in nature and distinguishable from scientific theory (17). According to proponents, a practice theory consists of an enunciated goal, a set of actions prescribed to meet the goal and a survey list which alerts the practitioner to attend to relevant details. Practice theory is, according to its adherents, that which enables individual actors to create or shape reality in a desired direction and is the highest form of theory. Apparently, many thoughtful nurses have accepted the notion that prescriptive or practice theory ought to be developed.

In the recent past, Beckstrand has challenged the need for so-called practice theory, pointing out that knowledge required for practice is that encompassed in science, ethics, values and logic (18). It is Beckstrand's position that scientific knowledge is essential for answering questions that arise in practice and that, therefore, scientific theory should be pursued. She agrees that ethical theories which deal with notions about obligation, responsibility, right, and moral values should also guide inquiry which can have practice implications for nursing; but she believes that the concept of practice theory is unnecessary. A recent rejoinder was published in which the conclusion reached was that questions dealing with knowledge of individuals and moral ideals in nursing require that nursing investigators address the need for practice theory (19).

Whether or not there is such a thing as practice theory, there is no question that nursing must be concerned with philosophic inquiry and with theorizing. In that regard, the similarities between nursing and education as practice professions should be noted. Beauchamp (18) noted that descriptive theories in education are related to the scientific approach while prescriptive theories are associated with the techniques of philosophy. Certainly philosophy underlines one's views about the nature of human beings and thus philosophic inquiry and theorizing are important to nurses and to nursing. Whether or not nurses should espouse the pursuit of practice theory remains a debatable issue.

SUMMARY

This presentation began on an optimistic note with the observation that there exists considerable evidence of commitment to research preparation for nurses, to the research enterprise and to the process of theory development on the part of nursing leaders. That indeed is heartening during the beginning of this, the micro millennium, a period during which information and science are at the very core of all human enterprises and will determine the progress which can be achieved by all occupational groups within the larger society. Thus it is that I have proposed that professionals in the field of nursing have some tremendous and urgent intellectual challenges ahead.

The knowledge system or discipline of nursing has yet to be structured and, equally important, consensus achieved with regard to the intellectual bases that define both generalist and specialist nursing practices. The role of the professional in nursing, too, is still to be stabilized and fully institutionalized and until that is accomplished, the focus and parameters of nursing's knowledge system will remain at issue. A relevant, crucial question is to whom is now delegated responsibility for identifying and structuring that system of knowledge and therefore, for determining the nature of the practice responsibilities and obligations of professionals in the field?

There is no doubt that the research enterprise in nursing has been remarkably augmented in quantity and that its quality has been steadily upgraded. If there could be a criticism posed, it is that nursing's research is still quite diverse and global in nature. Indeed, there seems not to be any sense of urgency about closing particular gaps in nursing's knowledge base for practice, perhaps because there is, as yet, little explicit agreement about the focus, scope and parameters of nursing's system of knowledge. Indeed, although nurses seem to be consumed with a sense of urgency about the need for theory development, they are far less concerned with that about which nurses should be theorizing. Even though the philosophers of science may wrangle over whether or not theories should be formalized, whether there exists a hierarchy of disciplines, and whether or not syntax and semantics should be dichotomized, nursing scholars surely must come to some agreement about the human phenomena about which knowledge needs to be discovered and about the nature of theories that will

guide research through which to make such discoveries. It is, I believe unproductive to talk about theory; I would opt for the generation of some promising theoretical notions about natural phenomena, namely human health-seeking mechanisms and behaviors that are suggested by some of the paradigms or conceptual models of nursing that have been in nursing's literature for many years. I would propose labeling such theories Jones's theory of X phenomenon; MacRae's theory of Y phenomenon; and Chapman's theory of Z phenomenon - if, of course, Jones, MacRae and Chapman propose promising theories to which they would like to attach their names because they would likely become increasingly famous as research was stimulated by enunciation of their theories and discoveries of knowledge ensued. Surely I would like to stop talking about nursing theory, about theories of nursing and about nursing practice theory and instead, theorize.

Those are the intellectual challenges that lie ahead. On this occasion when we honor Nettie Douglas Fidler, it is appropriate that we challenge one another to meet them.

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